



**2018**  
July 1, 2018–June 30, 2019

**CARF Standards Manual Supplement for Networks**

©2018 by the Commission on Accreditation of Rehabilitation Facilities  
All rights reserved • Published 2018 • Printed in the United States of America  
Any copying, republication, or redistribution of the content by any means is expressly prohibited.  
Unauthorized use of any content may violate copyright laws, trademark laws, the laws of privacy and  
publicity, and communications regulations and statutes. Data is provided for information purposes  
only and is not intended for trading purposes.

CARF International  
6951 East Southpoint Road  
Tucson, Arizona 85756 USA  
Toll free (888) 281-6531  
Fax (520) 318-1129

CARF International is a group of private, nonprofit companies (including CARF, CARF Canada, and CARF Europe)  
that accredit health and human services. For more information, please visit [www.carf.org](http://www.carf.org).

# Introduction

The *CARF Standards Manual Supplement for Networks* is designed to be used as a supplement to the program sections of CARF standards manuals. CARF offers a variety of standards manuals to address the unique and diverse needs of organizations across the spectrum of health and human services. If your organization is interested in pursuing accreditation as a network, please follow the steps below.

1. Review the Network description (see page 2) and the standards in this document to determine if they are a good fit for your network.
2. Identify the CARF Customer Service Unit (CSU) that best fits the scope of your network and the population(s) served by your network's participating providers. This will be the primary CSU for your network.

CARF CSUs:

- Aging Services (includes Continuing Care Retirement Communities)
  - Behavioral Health
  - Child and Youth Services
  - Employment and Community Services
  - Medical Rehabilitation
  - Opioid Treatment Program
  - Vision Rehabilitation Services
3. Contact CARF at (888) 281-6531 and ask to speak with a resource specialist in the appropriate CSU to determine whether network accreditation is a good fit for your organization and to verify the CSU and which standards manual to use.
  4. After consulting your CARF resource specialist, obtain a copy of the appropriate standards manual, which will be used in conjunction with the standards in this document. The following specific sections of the applicable standards manual will be applied in conjunction with the network standards:
    - Accreditation Policies and Procedures.
    - Sections 1.A. and 1.C.–1.N. in Section 1. ASPIRE to Excellence® (Section 1.B. Governance is optional).
    - Appendices.
    - Glossary.

Note: Standards for specific programs or services in the applicable standards manual would be used only if the network is seeking accreditation for those programs/services in conjunction with its network accreditation.

## A. Standards for the Network

### Description

A network is a legal entity that contracts with two or more organizations that deliver health or human services to persons served (“participating providers”) to coordinate functions between or on behalf of the participating providers. Various types of networks exist and they may have different purposes in the field. For example, business networks may be formed to establish strategic business arrangements with or among participating providers, and service delivery networks may establish an integrated system of service provision by participating providers to persons served. Other types of networks may combine the functions of business and service delivery networks. To promote service excellence and minimize risk, service delivery networks establish and implement a process for quality review of participating providers.

Network leadership is identified and guides:

- Participating provider contracts that address, depending on the type of network, business functions and/or service delivery.
- Operational links and integration with or among participating providers.
- A system to facilitate cooperation with participating providers, including:
  - Integrated strategic and financial planning.
  - Resource coordination.
  - Technology integration.
  - Performance measurement.
  - Development and improvement of participating providers.
  - Geographic areas served.

Networks that provide services to persons served may offer value in any or all of the following ways:

- Choice of services.
- Access to services based on the needs of the persons served and expectations of other stakeholders.
- Improved coordination of services among participating providers.
- Improved effectiveness and efficiency of service delivery.

**NOTE:** *A legal entity is an organization formed in accordance with and recognized by applicable law or decree. A legal entity is separate and distinct from its stakeholders and other persons and entities and is typically identified by a unique government-issued number or code.*

---

## Applicable Standards

A network seeking CARF accreditation must meet the Standards in Section A. of this Supplement as well as all applicable standards in Section 1. ASPIRE to Excellence® from the primary CARF standards manual (Section 1.B. Governance is optional).

- All networks seeking accreditation must meet Standards A.1.–10.
- Service delivery networks must also meet Standards A.11.–16.

**NOTE:** *The description and standards apply to the network (i.e., legal entity) seeking accreditation. A participating provider may seek accreditation for its programs and services that are eligible for accreditation; however, a participating provider is not included as part of the network accreditation.*

Participating providers in the network that are not independently accredited by CARF or another nationally or internationally recognized accreditation organization for the programs and/or services they provide to persons served in the network must apply the standards included in Section B. of this Supplement.

Please contact your CARF resource specialist with any questions.

---

## Standards for All Networks Seeking Accreditation

Network.A.

### 1. The network documents its structure.

#### Intent Statements

Networks may vary in their structure, particularly with regard to the variety of formal and informal relationships that exist between the network administration and participating providers. The documented network structure serves as a guide for identifying the formal relationships that function as the core or the foundation of the network.

#### Examples

Formal relationships could include participating providers with which the network has some type of written agreement such as a contract.

Informal relationships may be collaborations that exist between the network and various organizations. Such informal relationships may exist without a written agreement. The informal relationship may focus on obtaining referrals, conducting community outreach, or offering education to consumers.

The network structure could be found in documents such as:

- At-a-glance fact sheet.
- Organizational chart.
- Diagram of the network administration and participating providers.
- List and description of the committees and other entities included in the network.
- Contracts or partnership agreements between the network and entities with which it has formal relationships.
- Bylaws for the network.

**Survey Preparation Questions**

1. Describe the structure of the network.

---

---

---

In what document is the structure of the network described?

---

---

Network.A.

**2. The network:**

- a. Documents the following parameters regarding its scope:

- (1) Vision.
- (2) Mission.
- (3) Purpose.
- (4) Type of network.
- (5) Network administration entity.
- (6) Governance structure.
- (7) Organizational structure.
- (8) Financial structure.
- (9) Geographic area served.
- (10) Participating providers.
- (11) Population(s) served.
- (12) Settings.
- (13) Payers and funding sources.
- (14) Fees.
- (15) Referral sources.
- (16) Specific services offered.
- (17) Point(s) of entry.
- (18) Point(s) of exit.

- b. Shares information about its scope with the following stakeholders, as relevant to their needs:

- (1) Persons served, if applicable.
- (2) Families/support systems, if applicable.
- (3) Participating providers.
- (4) Payers and funding sources.
- (5) Referral sources.
- (6) Other relevant stakeholders.
- (7) The general public.

- c. Reviews the scope at least annually and updates it as necessary.

### Intent Statements

The scope is defined at the level of the network and provides information about the role and function of the network as well as what it offers to persons served, providers, referral sources, payers, and other relevant stakeholders.

### Examples

The network scope may be posted on a website, provided in an information packet, or described within a report.

**2.a.(8)** This element relates to Standard 1.F.5. in Section 1 of the CARF standards manual. The network can identify the financial relationships that exist between network administration and participating providers. The network may also have financial relationships with other related entities outside of those with participating providers.

**2.a.(9)** The network documents the states/provinces or other jurisdictions where it conducts its work. This work could include provision of business services such as provider education, answering questions from persons served, providing operational support to participating providers, or managing virtual services such as telehealth or telecounseling, as well as providing services to persons served.

**2.a.(11)** For networks that provide services to persons served, the scope might address whether the network serves adults and/or children, the types of conditions that the populations may be diagnosed with in order to access network services, and the numbers of persons served within the network. For networks that do not engage in service delivery to persons served, but instead purely provide business services to participating providers, this standard element may not be applicable.

**2.a.(14)** Fees may include those that the participating providers in the network charge to persons served. Fees may also include those that participating providers pay to the network to maintain participating provider status or to receive certain business services from the network.

### Survey Preparation Questions

2. Is there documentation of the following parameters regarding the scope of the network:
- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| ■ Vision?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Mission?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Purpose?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Type of network?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Network administration entity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Governance structure?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Organizational structure?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Financial structure?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Geographic area served?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Participating providers?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Population(s) served?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Settings?  Yes  No
- Payers and funding sources?  Yes  No
- Fees?  Yes  No
- Referral sources?  Yes  No
- Specific services offered?  Yes  No
- Point(s) of entry.  Yes  No
- Point(s) of exit.  Yes  No

Describe how information about the scope is shared with each of these groups:

- Persons served.

---

---

- Families/support systems.

---

---

- Participating providers.

---

---

- Payers and funding sources.

---

---

- Referral sources.

---

---

- Other relevant stakeholders.

---

---



- The general public.

---



---

How will the survey team verify that the scope is reviewed at least annually and updated as necessary?

---



---



---

Network.A.

3. Network administration provides opportunities for participating providers to engage in integrated network planning processes related to:
  - a. Accessibility.
  - b. Cultural competency and diversity.
  - c. Financial management.
  - d. Performance measurement and improvement.
  - e. Risk management.
  - f. Strategic direction of the network.
  - g. Technology.

**Intent Statements**

Planning for the future direction of the network requires a variety of input from various sources. To ensure that valuable information is considered, participating providers are given opportunities to proactively engage in planning processes that relate to key management topics.

**Examples**

Planning opportunities may include a variety of interactions such as regularly scheduled planning meetings at which a key contact from each participating provider gets together with network leadership to conduct strategic planning for the network; quarterly conference calls that network administration schedules for participating providers in a geographic region to identify strengths, weaknesses, opportunities, and threats that should be considered in network planning; monthly phone meetings with participating providers to review trends or emerging issues gleaned from data that have been collected by providers and submitted to the network. The network may also utilize technology to seek input from participating providers, such as online questionnaires or surveys or email queries.

**3.c.** Financial management information may pertain to reimbursement timeframes from different payers and how differences in reimbursement speed impact days in accounts receivable and cash flow. If the payer is a major funding source for many participating providers, this issue can impact network financial planning.

Increasing operating expenses in areas such as insurance coverage, utility costs, salaries and benefits for various positions, and certain types of supplies may be affecting many

participating providers in a geographic region and may impact how the network plans to continue providing affordable services.

**3.d.** Performance measurement and improvement may include analyzing information based on selected data that participating providers collect and share with network administration. Depending on the type of network and the priorities established for data collection, the data may include satisfaction results from personnel or persons served, average response times for certain requests, level of participation in an education program, or frequency of persons served accessing acute care services.

**Survey Preparation Questions**

- 3. Describe how participating providers can engage in network planning processes related to the following areas (e.g., the mechanism for their participation, frequency, etc.):

- Accessibility.

---

---

---

- Cultural competency and diversity.

---

---

---

- Financial management.

---

---

---

- Performance measurement and improvement.

---

---

---

- Risk management.

---

---

---

- Strategic direction of the network.

---



---



---

- Technology.

---



---



---

Network.A.

**4. The network addresses unanticipated changes in services precipitated by funding or other resource issues.**

**Intent Statements**

The network demonstrates knowledge of payer sources and resource needs for services offered and is able to explain how it would strategically address situations in which funding is unexpectedly reduced or eliminated or resources such as specialized equipment are no longer available. Addressing unanticipated funding or resource changes should reflect, as applicable to the type of network, consideration of business needs and service delivery needs.

**Examples**

Funding issues might include legislation that caps government payment for a certain type of service or third-party payers implementing different preauthorization requirements for certain services.

Resource issues might include software upgrades that impact the compatibility of various systems to manage billing and other types of network financial management processes, consolidation of local hospitals into a regional network and elimination of some urgent care centers in high-need neighborhoods, or the acquisition of a local transportation company by a national firm and a reduction in needed transportation services for persons served in various neighborhoods.

An unexpected increase in the need for a specialty service or the exit of a specialty provider from the network may create a gap in service availability. The network might establish procedures that detail how it will handle issues such as how to notify persons served who may be affected by the change in service availability, how it will seek new providers to fill the identified gap, and how it will meet the needs of persons served in the interim.

**Survey Preparation Questions**

4. Explain how the network addresses unanticipated changes in services precipitated by:

- Funding issues.

---

---

---

- Other resource issues.

---

---

---

Give an example of when a change in services has occurred due to funding issues and the outcome of the situation.

---

---

---

---

Give an example of when a change in services has occurred due to other resource issues and the outcome of the situation.

---

---

---

---

---

Network.A.

**5. The network:**

- a. Establishes criteria for the inclusion of providers in the network.
- b. Implements written procedures for the selection of participating providers.

**Intent Statements**

To clearly identify participating providers and distinguish them from vendors and organizations with which the network simply collaborates, the network is able to show the criteria applied to providers that can participate in the network. Once criteria are established, they inform the procedures that are implemented to include participating providers in the network.

**Examples**

Criteria for participating providers to be part of a network might include completion of criminal background checks of provider personnel, accreditation, current program licensure in certain states/provinces or other jurisdictions, and comprehensive liability insurance coverage.

Procedures for selection of participating providers might include, for providers not owned by the network, completion of an application including licensure information, verification of licensure, review of accreditation status, information regarding technology resources of the provider in order to engage in networkwide data collection, and an on-site visit by a representative of the network prior to inclusion in the network.

Participating providers are ultimately determined based on the criteria established by the network to define them as they relate to the scope of the network and providing services to persons served; however, they might include:

- Therapy companies.
- Transportation companies to enable persons served to access network services.
- Home care agencies.
- Counselors.
- Educators or facilitators offering education about prevention, recovery, long-range service planning, or caregiving strategies.
- Case managers.
- Physicians.

Vendors would typically be looked at more from the context of the supply chain, administrative functions, or network operations. A vendor, or a seller, may be an enterprise that contributes goods or services to the network. For example, a vendor might:

- Provide office supplies to the network.
- Restock first-aid kits at network locations.
- Provide pharmaceutical products.
- Conduct maintenance on leased or owned equipment.
- Administer an online education portal for persons served and personnel.

**Survey Preparation Questions**

5. What are the network’s criteria for inclusion of providers in the network?

---



---



---

Describe the procedures for the selection of participating providers.

---



---



---

Are the procedures for selection written?  Yes  No

Who is responsible for the selection process?

---

---

Network.A.

- 6. Prior to contracting with a provider, the network conducts a review to determine whether the prospective provider demonstrates, at a minimum:**
  - a. Implementation of a person-centered philosophy that guides service delivery.**
  - b. Fiscal stability.**
  - c. Ethical practices in business and service delivery.**
  - d. Adherence to applicable:**
    - (1) Legal requirements.**
    - (2) Health and safety requirements.**
    - (3) Risk management practices.**
  - e. Capacity to fulfill the mission of the network.**
  - f. Ability to fulfill its potential role in the network.**

#### Intent Statements

Networks conduct some type of review process, which might be considered a due diligence process, to determine whether a potential participating provider has stable business practices, has the capacity to function effectively as part of the network, and appears able to fulfill its individual role as a network provider.

#### Examples

A review of a potential participating provider might include:

- Reviewing current licensure information with a state/province or other jurisdiction.
- Examining performance data submitted to the network by the provider related to effectiveness of or satisfaction with services.
- Conducting an on-site review of the participating provider location to assess compliance with various health and safety requirements.
- Conducting interviews with provider personnel and reviewing documentation to address how privacy requirements, e.g., HIPAA and HITECH in the U.S. and the Privacy Act, PIPEDA, and provincial privacy laws in Canada, are followed.

#### Survey Preparation Questions

- 6. Describe how each of the following areas is addressed in the network's review process for prospective providers:**
  - Implementation of a person-centered philosophy that guides service delivery.

---

---

---

- Fiscal stability.

---

---

---

- Ethical practices in business and service delivery.

---

---

---

- Adherence to applicable legal requirements.

---

---

---

- Adherence to applicable health and safety requirements.

---

---

---

- Adherence to applicable risk management practices.

---

---

---

- Capacity to fulfill the mission of the network.

---

---

---

- Ability to fulfill their role in the network.

---



---



---

Network.A.

- 7. When a prospective provider is found ineligible to participate in the network, the provider is:**
- a. Informed in writing as to the reasons.
  - b. When required, given an opportunity to appeal the decision.
  - c. Given information about resources to improve eligibility, if appropriate.

**Intent Statements**

Providers determined to be ineligible to join the network can benefit from information that can inform their performance improvement efforts.

**7.b.** Appeals opportunities might be required by law, certain procurement policies may require them, or professional standards may necessitate having such opportunities in place.

**Survey Preparation Questions**

7. When a prospective provider is found ineligible to participate in the network, is the provider:
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Informed in writing as to the reasons?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Given an opportunity to appeal the decision?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Given information about resources to improve eligibility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Network.A.

- 8. The network:**
- a. Specifies through a contract with each participating provider:
    - (1) Roles and responsibilities of the:
      - (a) Network.
      - (b) Participating provider.
    - (2) Term/duration of the contract.
    - (3) Manner of contract termination or renewal.
    - (4) Requirements to maintain the contract, including at a minimum:
      - (a) Implementation of a person-centered philosophy that guides service delivery.
      - (b) Fiscal stability.
      - (c) Ethical practices in business and service delivery.
      - (d) Adherence to applicable:
        - (i) Legal requirements.
        - (ii) Health and safety requirements.
        - (iii) Risk management practices.



- (e) Capacity to fulfill the mission of the network.
  - (f) Ability to fulfill its potential role in the network.
  - (g) Conformance to the CARF standards applicable to its operations.
- (5) Type of information to be exchanged between the participating provider and the network.
  - (6) Timeframes for information to be submitted to the network.
  - (7) Information to be gathered for the analysis of performance.
  - (8) Financial arrangements, including:
    - (a) Method of participating provider payment.
    - (b) Shared risk.
    - (c) Shared resources.
- b. Requires:
    - (1) Identification of a primary contact at the participating provider.
    - (2) Notification of changes in the primary contact.
  - c. Monitors performance of the participating provider on a regular basis.
  - d. Takes corrective action when the need for improvement is identified.

### Intent Statements

The contract between the network and each participating provider is important to ensure that all participating providers are clear about specific, current requirements for network participation. CARF's accreditation process for networks includes reviewing some contracts and interviewing personnel at the network administration level and at the participating provider level regarding the ongoing implementation of the contracts and their alignment with the elements in this standard.

For service delivery networks, contracts should also include participating provider performance and necessary improvement as outlined in Standard A.12.

Please refer to the Glossary in the CARF standards manual for the definition of *contract*.

### Examples

 **8.a.** In Ontario, Service Accountability Agreements (SAAs) are documents negotiated between Local Health Integration Networks (LHINs) and service providers.

**8.a.(1)(b)** Roles and responsibilities of participating providers might include expectations regarding services such as the duration and frequency of services, network expectations for participating provider representatives to engage in network planning meetings and processes, and reports that participating providers are expected to provide to the network regarding key performance indicators.

**8.a.(4)(g)** All participating providers in a service delivery network that are not accredited by a nationally or internationally recognized accreditation organization are expected to implement the subset of CARF's ASPIRE to Excellence® standards for business practices identified in Section B. of this Supplement, Standards for Participating Providers, starting on page 33. The contract specifies this requirement, and the leadership of the network should be able to explain to surveyors how this requirement is implemented.

**8.a.(8)(b)** The financial arrangements identified in a contract might address the distribution of net income/losses throughout the network and the arrangement as it relates to the individual participating provider.

**8.a.(8)(c)** The financial arrangements related to shared resources identified in a contract might address sharing of in-kind resources, the network’s negotiating rates on behalf of the provider pool to obtain a lower rate than an individual provider could negotiate, sharing of central administrative personnel, use of centralized software systems, sharing space, or group purchasing for supplies or services.

**Survey Preparation Questions**

- 8.** Does the contract with each participating provider specify:
- Role and responsibilities of the network?  Yes  No
  - Role and responsibilities of the participating provider?  Yes  No
  - Term/duration of the contract?  Yes  No
  - Manner of contract termination or renewal?  Yes  No
  - Requirements to maintain the contract, including:
    - Implementation of a person-centered philosophy that guides service delivery?  Yes  No
    - Fiscal stability?  Yes  No
    - Ethical practices in business and service delivery?  Yes  No
    - Adherence to applicable legal requirements?  Yes  No
    - Adherence to applicable health and safety requirements?  Yes  No
    - Adherence to applicable risk management practices?  Yes  No
    - Capacity to fulfill the mission of the network?  Yes  No
    - Ability to fulfill its potential role in the network?  Yes  No
    - Conformance to the CARF standards applicable to its operations?  Yes  No
  - Type of information to be exchanged between the participating provider and the network?  Yes  No
  - Timeframes for information to be submitted to the network?  Yes  No
  - Information to be gathered for the analysis of performance?  Yes  No

- Financial arrangements, including:
  - Method of participating provider payment?  Yes  No
  - Shared risk?  Yes  No
  - Shared resources?  Yes  No
- Does the network require:
  - Identification of a primary contact at the participating provider?  Yes  No
  - Notification of changes in the primary contact?  Yes  No

How does the network monitor performance of the participating provider on a regular basis?

---



---



---

Give examples of corrective actions that have been taken when the need for improvement was identified.

---



---



---



---



---

Network.A.

- 9. The network implements policies and written procedures regarding conflicts of interest that address:**
  - a. Disclosure of conflicts of interest.**
  - b. Resolution of conflicts of interest.**

**Intent Statements**

Networks and their participating providers may encounter conflicts of interest in business or service delivery. Policies and written procedures can help networks to identify conflicts that may arise and can guide the network, including its participating providers, through disclosure and resolution of conflicts.

Standard 1.K.1. in Section 1 of the CARF standards manual relates to this standard by addressing expression of choice by persons served regarding service delivery.

**Examples**

If a network has a program that it owns and another that is contracted, the network informs persons served about both options rather than giving preference to the network-owned program.

**Survey Preparation Questions**

9. Describe the network's policies and written procedures regarding conflicts of interest including:

- Disclosure of conflicts of interest.

---

---

---

- Resolution of conflicts of interest.

---

---

---

---

Network.A.

**10. When applicable, the network implements policies and written procedures regarding:**

- a. Contract negotiation.
- b. Purchase-of-services or fee-for-services contracts.
- c. Group purchasing.
- d. Per capita rate setting.
- e. Group insurance.
- f. Shared/joint risk.
- g. Collective bargaining.
- h. Self-determined voucher arrangements.

**Intent Statements**

The network implements policies and written procedures that, based on the scope of the network, apply to participating providers in the network and address the topics in this standard.

**Examples**

**10.a.** Policies and written procedures regarding contract negotiation may address the network's role in negotiating certain contracts on behalf of participating providers in order to obtain more favorable contract terms.

**10.d.** Policies and written procedures may reflect that per capita (per individual/person) rate setting can vary throughout the network based on population information, geographic region, and other variables.

**10.g.** Collective bargaining is a process of negotiation between employers and a group of employees represented by a trade union aimed at reaching agreements to regulate

working conditions. Network policies related to collective bargaining might address rights, expectations, or limitations of the network administration when a participating provider engages in collective bargaining with its personnel.

**10.h.** In self-determined voucher arrangements, a consumer may be authorized by a funding source to use an individually controlled budget, developed according to guidelines from the funding source, so the consumer may directly procure one or more of the services and supports required to address his or her needs. Funders may support use of the budgeted funds to cover the costs of services and supports obtained from qualified providers as chosen by the consumer. The consumer may be viewed as the direct employer of or the contractor for services/supports with qualified providers and, therefore, in a lead role concerning how, where, and by whom needed services and supports are provided.

**Survey Preparation Questions**

**10.** Does the network have policies and written procedures in place regarding:

- Contract negotiation?  Yes  No
- Purchase-of-services or fee-for-services contracts?  Yes  No
- Group purchasing?  Yes  No
- Per capita rate setting?  Yes  No
- Group insurance?  Yes  No
- Shared/joint risk?  Yes  No
- Collective bargaining?  Yes  No
- Self-determined voucher arrangements?  Yes  No

How will you demonstrate to the survey team that the policies and procedures are implemented as intended?

---



---



---



---



---



---

## Additional Standards for Service Delivery Networks

**NOTE:** *Service delivery networks must also meet Standards 11.–16.*

Network.A.

- 11. The network implements a process for quality review of each participating provider that:**
- a. Includes verification of:**
    - (1) Accreditation, if applicable.
    - (2) Licensing, if applicable.
    - (3) Certification, if applicable.
  - b. If the participating provider is not accredited, includes on-site review to determine:**
    - (1) Capacity to provide services in accordance with network requirements.
    - (2) Satisfaction of network requirements since the last quality review, if applicable.
  - c. Occurs on a regular basis established by the network.**

### Intent Statements

Regular review of participating providers ensures that quality is maintained within the network through verification of information relevant to provider type.

This review relates to Standard A.8. regarding the contract between the network and the participating provider. Network administration should carefully consider the frequency for regular reviews of participating providers and be able to explain to the survey team how reviews are being completed at sufficiently frequent intervals to support ongoing performance improvement.

**11.b.** Participating providers that are not accredited by a nationally or internationally recognized accreditation organization must have regular on-site reviews conducted by network representatives to determine if key practices are being followed. Refer to Section B. for details.

### Examples

**11.b.(1)** The on-site review conducted by the network may address capacity issues such as geographic coverage, physical plant space, personnel competencies, or equipment needs.

**11.c.** Regular on-site reviews may vary in frequency by type of provider or by other identified factors. Some providers, based on population changes, business needs, licensure-inspection timing, or identified areas for improvement may be visited more frequently than other providers.

### Survey Preparation Questions

- 11.** Does the network's quality review process for participating providers include verification of:
- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| ■ Accreditation, if applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Licensing, if applicable?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ■ Certification, if applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe the on-site review process for participating providers, including:

- The timeframe(s) established for on-site reviews.

---

- Is the timeframe the same for all participating providers?

Yes                       No

- How the timeframe(s) was determined.

---



---

- How the network addresses:

- Capacity to provide services in accordance with network requirements.

---



---



---

- Satisfaction of network requirements since the last quality review.

---



---



---



---

Network.A.

**12. The network:**

**a. Collects data from participating providers, including:**

- (1) Effectiveness.
- (2) Efficiency.
- (3) Access to services, including:
  - (a) Waiting lists.
  - (b) Denials.
  - (c) Referrals determined to be ineligible for services.
- (4) Satisfaction.
- (5) Elements from completed assessments of the persons served.
- (6) Service utilization.
- (7) Complaints, grievances, and appeals.
- (8) Critical incidents.
- (9) Financial performance.
- (10) Other data as necessary to evaluate network and contract performance.

- b. At least annually addresses:**
  - (1) Performance of the participating provider in relationship to established targets for:**
    - (a) Effectiveness.**
    - (b) Efficiency.**
    - (c) Access to services, including:**
      - (i) Waiting lists.**
      - (ii) Denials.**
      - (iii) Referrals determined to be ineligible for services.**
    - (d) Satisfaction.**
    - (e) Elements from completed assessments of the persons served.**
    - (f) Service utilization.**
    - (g) Complaints, grievances, and appeals.**
    - (h) Critical incidents.**
    - (i) Financial performance.**
    - (j) Other data as necessary to evaluate network and contract performance.**
  - (2) Trends.**
  - (3) Actions for improvement.**
  - (4) Results of performance improvement plans.**
  - (5) Necessary education and training of participating providers.**
- c. Aggregates data from participating providers for network:**
  - (1) Performance improvement.**
  - (2) Planning and decision making.**

### Intent Statements

To focus on strategic and tactical issues, networks should monitor performance using a series of indicators and targets that are based on data collected from participating providers. Data should include the key topic areas outlined in this standard that also relate to Standard A.8. regarding how the participating provider fulfills the terms of its contract with the network. Data are used by the network to identify areas of performance improvement; support public accountability; and position the network with referral sources, payers, and other stakeholders.

This standard is implemented in conjunction with standards in Sections 1.M. and 1.N. from Section 1 of the CARF standards manual, as all of the standards in those sections would be applied at the level of the network.

### Examples

**12.a.(4)** Satisfaction data could focus on persons served, personnel, or other stakeholders. Satisfaction could also focus on the perspectives of participating providers with topics such as internal network communication methods or relevance of network policies to provider practices.

**12.a.(5)** Networks may, as part of the contract with participating providers, require each participating provider to collect data elements from completed assessments of the persons served in order to identify important networkwide planning topics or population service needs. Such information, based on the scope of the network,



may include medications currently used by the person served, housing of the person served, most recent primary care visit, or transportation needs of the person served.

**12.a.(8)** To identify areas of high risk for persons served and for the network, data regarding various types of critical incidents, depending on the scope of the network, might include falls, medication errors, legal actions, technology breaches, or inappropriate use of social media by personnel.

**Survey Preparation Questions**

**12.** Does the network collect data from participating providers on:

- Effectiveness?  Yes  No
- Efficiency?  Yes  No
- Access to services, including:
  - Waiting lists?  Yes  No
  - Denials?  Yes  No
  - Referrals determined to be ineligible for services?  Yes  No
- Satisfaction?  Yes  No
- Elements from completed assessments of the persons served?  Yes  No
- Service utilization?  Yes  No
- Complaints, grievances, and appeals?  Yes  No
- Critical incidents?  Yes  No
- Financial performance?  Yes  No

Are there other data the network collects to evaluate network and contract performance?  Yes  No

If yes, please describe.

---



---



---

How does the network address:

- Performance of the participating provider in relationship to established targets for:
  - Effectiveness?

---



---

- Efficiency?
- Access to services, including:
  - Waiting lists?

---

---

- Denials?

---

---

- Referrals determined to be ineligible for services?

---

---

- Satisfaction?

---

---

- Elements from completed assessments of the persons served?

---

---

- Service utilization?

---

---

- Complaints, grievances, and appeals?

---

---

- Critical incidents?

---

---

- Financial performance?

---

---

- Other data as necessary to evaluate network and contract performance?

---

---

■ Trends?

---

---

---

■ Actions for improvement?

---

---

---

■ Results of performance improvement plans?

---

---

---

■ Education and training of participating providers?

---

---

---

Does the network aggregate the data it collects from participating providers?

Yes

No

Give examples of how the data have been used for:

- Performance improvement of the network.

---



---



---

- Planning and decision making by the network.

---



---



---

Network.A.

- 13. Based on its scope, the network implements a policy regarding persons served that addresses:**
- a. Entry/access to the network.
  - b. Transitions within the network.
  - c. Exit/discharge from the network.

**Intent Statements**

The network implements a policy to help participating providers determine which persons it is able to serve relative to the scope of the network. The policy should clearly identify the various ways by which a person may begin to access services from the network, as there may be a single or multiple entry points. The policy should also address transitions to ensure that the network offers a well-integrated continuum approach, as well as how exits and discharges from the network are managed.

**Examples**

A policy might address the expectations for certain criteria that participating providers include in their criteria for entry, transitions, and exits. The policy may recognize that, based on the diversity of provider types, the criteria may differ in certain circumstances. The policy might require certain information to be included in the assessments of persons served and reported to the network administration. It might address waiting list management and information to be provided in situations when persons served are ineligible for services. It may specify certain point(s) of entry into the network; e.g., whether the network has a single point of entry for persons served, such as a phone number to initiate an intake screening process, or entry that might occur through providers that are each equipped to implement an intake process.

**Survey Preparation Questions**

13. Does the network have a policy regarding persons served that addresses:

- Entry/access to the network?  Yes  No
- Transitions within the network?  Yes  No
- Exit/discharge from the network?  Yes  No

Network.A.

- 14. The network establishes a system for communication about the persons served that provides for exchange of information:**
  - a. In compliance with legal and regulatory requirements.**
  - b. As defined by the network.**
  - c. At established points in the service delivery process.**
  - d. In accordance with established timeframes.**
  - e. Between:**
    - (1) Participating providers and the network.**
    - (2) Participating providers involved in service delivery for the person served when the person served:**
      - (a) Receives concurrent services.**
      - (b) Transitions from one program, service, or level of care to another.**

**Intent Statements**

The network ensures that participating providers are able to exchange key information about persons served in order to provide effective services and avoid duplicative screening processes. The network’s system for communication ensures that all providers within the network safeguard protected health information of all persons served.

**Examples**

**14.a.** Policies and procedures may be implemented for the release of information about persons served, and regular audits are conducted among participating providers to verify compliance.

**Survey Preparation Questions**

- 14.** Describe the system established by the network for communication about the persons served.

---



---



---

How do you ensure that it complies with legal and regulatory requirements?

---



---



---

At what points in the service delivery process does communication occur?

---



---

What are the timeframes for communication?

---

---

How does communication occur between:

- Participating providers and the network?

---

---

- Participating providers involved in service delivery for a person served receiving concurrent services?

---

---

- Participating providers involved in service delivery for a person served transitioning from one program, service, or level of care to another?

---

---

---

Network.A.

**15. When a person served in the network receives services from more than one participating provider, the network implements written procedures for the coordination of services.**

**Intent Statements**

Written procedures are important to reduce duplication among participating providers serving the same person served. Procedures guide participating providers in identifying which provider is responsible for various types of information tracking, communication with stakeholders, and service coordination processes that affect the person served.

**Examples**

A person served may receive daily home care services and weekly physical therapy at a therapy clinic. Written procedures guide the home care and therapy providers regarding how to communicate with each other about the therapy regimen the person served should be completing on a daily basis.

**Survey Preparation Questions**

15. Describe the network's procedures for coordination of services when a person served receives services from more than one participating provider.

---



---



---

Are the procedures documented?

Yes

No

Network.A.

**16. The network conducts an analysis of the services provided:**

- a. At least quarterly.
- b. That addresses, as evidenced by the records of the persons served:
  - (1) Quality of services.
  - (2) Appropriateness of services.
  - (3) Patterns of service utilization.
  - (4) Timeliness of documentation.
- c. On a representative sample of:
  - (1) Current records.
  - (2) Closed records.
- d. That is performed by personnel who:
  - (1) Are trained and qualified.
  - (2) Are not:
    - (a) The sole reviewer of the services for which he or she is responsible.
    - (b) Solely responsible for the selection of records to be reviewed.
- e. That includes:
  - (1) Performance in relationship to established targets for:
    - (a) Quality of services.
    - (b) Appropriateness of services.
    - (c) Patterns of service utilization.
    - (d) Timeliness of documentation.
  - (2) Trends.
  - (3) Actions for improvement.
  - (4) Results of performance improvement plans.
  - (5) Necessary education and training of:
    - (a) Network personnel.
    - (b) Participating providers.

**Intent Statements**

Network personnel should frequently review information regarding the services provided by participating providers related to their network contract. Qualified network representatives who know how to conduct utilization reviews should be examining records of persons served to review the services that were provided

and using this information to recognize positive performance and identify areas for improvement. A networkwide representative sample of records should be included in accordance with CARF's definition of *representative sample/sampling* found in the Glossary of the CARF standards manual.

**Survey Preparation Questions**

**16.** How often do you conduct an analysis of the services provided?

---

Describe how the analysis addresses:

- Quality of services.

---

---

---

- Appropriateness of services.

---

---

---

- Patterns of service utilization.

---

---

---

- Timeliness of documentation.

---

---

How do you determine which records to review?

---

---

How do you determine who will conduct the reviews?

---

---



How did you establish the performance targets for:

- Quality of services?

---

---

---

- Appropriateness of services?

---

---

---

- Patterns of service utilization?

---

---

---

- Timeliness of documentation?

---

---

---

Describe how the analysis addresses:

- Performance in relationship to established targets for:

- Quality of services.

---

---

- Appropriateness of services.

---

---

- Patterns of service utilization.

---

---

- Timeliness of documentation.

---

---

- Trends.

---

---

- Actions for improvement.

---

---

- Results of performance improvement plans.

---

---

- Education and training of network personnel.

---

---

- Education and training of participating providers.

---

---

Give an example of a change that has been made based on the analysis of services.

---

---

---

---

---

## B. Standards for Unaccredited Participating Providers

The network implements a quality review process for all participating providers, regardless of size or budget, with which the network has a contract.

For service delivery networks, this quality review applies to their network-related service provision and can be met in the following ways:

- CARF accreditation of the participating providers.
- Accreditation of the participating providers by another nationally or internally recognized accreditation organization.
- If the participating providers are not accredited, network implementation of a regular on-site review process of the providers that addresses their application of the standards in this section, which are a subset of CARF's ASPIRE to Excellence® standards for business practices.

Please note that the network can use any combination of these approaches for its participating providers, or it can choose a single approach for all providers. For example, some providers might be CARF accredited, some might be accredited by other accreditors, and some might implement the standards in this section.

If a participating provider is accredited, its accreditation should clearly include the programs/services provided to persons served in the network.

The standards included in this section have been carefully selected with consideration of the diversity, capacity, and volume of participating providers in networks seeking accreditation to address key topics in the areas of legal requirements, financial planning and management, health and safety, workforce development and management, rights of persons served, and accessibility.

The on-site reviews of unaccredited participating providers correspond to Standard A.8.c. regarding the contract between the network and the participating provider and Standard A.11.b. regarding the network's quality-review process for participating providers. Network administration should carefully consider the frequency for these reviews to be able to explain to CARF surveyors how its review process and frequency are sufficient to promote service excellence and minimize risk.

---

Network.B.

- 1. The participating provider demonstrates a process to comply with the following obligations:**
  - a. Legal.
  - b. Regulatory.
  - c. Confidentiality.
  - d. Reporting.
  - e. Licensing.
  - f. Contractual.
  - g. Debt covenants.
  - h. Corporate status.
  - i. Rights of the persons served.
  - j. Privacy of the persons served.
  - k. Employment practices.
  - l. Mandatory employee testing.

**Intent Statements**

The participating provider should engage in activities designed to promote awareness, understanding, and satisfaction of its various obligations at all times. Satisfaction of obligations is necessary for the participating provider’s success, sustained existence, and ability to positively affect the lives of persons served. Failure to satisfy obligations may result in monetary or other penalties, potentially impacting the viability of the participating provider, as well as harm to those the obligations are intended to protect. The participating provider should monitor its environments for new and revised obligations and utilize knowledgeable resources to become familiar with obligations and the requirements to meet them.

**Survey Preparation Questions**

1. Describe your process to comply with the following obligations:

- Legal.

---

---

---

- Regulatory.

---

---

---

- Confidentiality.

---

---

---

- Reporting.

---

---

---

- Licensing.

---

---

---

■ Contractual.

---

---

---

■ Debt covenants.

---

---

---

■ Corporate status.

---

---

---

■ Rights of the persons served.

---

---

---

■ Privacy of the persons served.

---

---

---

■ Employment practices.

---

---

---

---

- Mandatory employee testing.

---



---



---

Network.B.

2. The participating provider’s policies and written procedures address:
  - a. Confidential administrative records.
  - b. The records of the persons served.
  - c. Security of all records.
  - d. Confidentiality of records.
  - e. Compliance with applicable laws concerning records.
  - f. Timeframes for documentation in the records of the persons served.

**Intent Statements**

In order to protect the privacy of all stakeholders and any confidential information that its records may contain, a participating provider ensures that it addresses the applicable legal and regulatory requirements concerning privacy of health information and confidential records. Security includes such things as storage, protection, retention, and destruction of records. Safeguards such as reasonable protection against fire, water damage, and other hazards do not need to be described in writing.

This standard applies to current and historical records and to hard copy records as well as electronic records.

Participating providers are encouraged to review current provisions of legislation on freedom of information and protection of privacy (such as HIPAA and HITECH in the U.S. and PIPEDA in Canada) for potential impact on the maintenance and transmission of protected health information. Of particular note are provisions related to information security, privacy, and electronic data interchange.

**Survey Preparation Questions**

2. Do you have policies and written procedures addressing:
 

■ Confidential administrative records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ The records of the persons served?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Security of all records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Confidentiality of records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Compliance with applicable laws concerning records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Timeframes for documentation in the records of the persons served?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe the safeguards used to protect and secure:

- Confidential administrative records.

---



---

- The records of the persons served.

---



---

Network.B.

3. **The participating provider's financial planning and management activities:**
  - a. **Are designed to meet:**
    - (1) **Established outcomes for the persons served.**
    - (2) **Organizational performance objectives.**
  - b. **Include:**
    - (1) **Preparation of an annual budget.**
    - (2) **Fiscal policies and procedures, including internal control practices.**
    - (3) **Evidence of an annual review or audit of the financial statements of the participating provider conducted by an independent accountant authorized by the appropriate authority.**

#### Intent Statements

**3.b.(2)** To reduce risk, it is important that the participating provider, regardless of size, establish who has responsibility and authority in all financial activities, such as in purchasing materials and capital equipment, writing checks, making investments, and billing.

**3.b.(3)** An *accountant authorized by the appropriate authority* means a CPA in the United States; in countries outside the United States, the terminology for a similar accountant qualified to conduct a review or audit would be used. The CPA, chartered accountant, or similar accountant retained must be independent of the organization; i.e., may not be contracted with the organization for its regular accounting needs, represent the organization's funding sources, or be a member of the governance authority.

It is important for the participating provider to determine that its financial position is accurately represented in its financial statements. Accountants may typically undertake three types of engagements: audit, review, and compilation. Each is described in more detail below, but in summary, the audit is the most extensive effort and accordingly the highest cost to the participating provider.

An audit requires an examination of the financial statements in accordance with generally accepted auditing standards, including tests of the accounting records and other auditing procedures as necessary. An audit will result in a report expressing an opinion as to conformance of the financial statements to generally accepted accounting principles.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an examination using generally accepted auditing standards. Typically, a review will result in a report

expressing limited assurance that there are not material modifications that should be made to the statements.

As part of a compilation engagement, an accountant will compile the financial statements based on management representations without expressing any assurance on the statements. A compilation will not meet this standard.

**Survey Preparation Questions**

- 3. Explain how financial planning and management is designed to meet:
  - Established outcomes for the persons served.

---

---

---

---

- Organizational performance objectives.

---

---

---

---

Do you prepare an annual budget?       Yes       No

Describe your fiscal policies and procedures, including internal control practices.

---

---

---

---

Explain your process for obtaining an annual outside financial review or audit of your organization by an independent accountant.

---

---

---

---



Network.B.

4. **If the participating provider takes responsibility for the funds of persons served, it implements written procedures that define:**
  - a. **How the persons served will give informed consent for the expenditure of funds.**
  - b. **How the persons served will access the records of their funds.**
  - c. **How funds will be segregated for accounting purposes.**
  - d. **Safeguards in place to ensure that funds are used for the designated and appropriate purposes.**
  - e. **When interest-bearing accounts are used, how interest will be credited to the accounts of the persons served.**
  - f. **How account reconciliation is provided to the persons served at least monthly.**

**Survey Preparation Questions**

4. If your organization is responsible for the funds of the persons served, describe your written procedures for:
  - How the persons served give informed consent for expenditure of funds.

---



---



---

- How the persons served have access to records of their funds.

---



---



---

- How funds are segregated for accounting purposes.

---



---



---

- How you ensure that funds are used only for designated and appropriate purposes.

---



---



---

- When interest-bearing accounts are used, how interest is credited to the accounts of the persons served.

---

---

---

- How accounts are reconciled and how this reconciliation is provided to the persons served at least monthly.

---

---

---

---

Network.B.

**5. The participating provider maintains a healthy and safe environment.**

**Survey Preparation Questions**

5. Beyond inspections and tests of emergency procedures, what are some ways in which you strive to provide a healthy and safe environment?

---

---

---

List any health or safety concerns that have been identified.

---

---

---

Describe the steps that will be taken to address those problems and the personnel responsible.

---

---

Network.B.

**6. Personnel receive documented competency-based training.**

**a. Both:**

- (1) Upon hire.
- (2) At least annually.

**b. In the following areas:**

- (1) Health and safety practices.
- (2) Identification of unsafe environmental factors.
- (3) Emergency procedures.
- (4) Evacuation procedures, if appropriate.
- (5) Identification of critical incidents.
- (6) Reporting of critical incidents.
- (7) Medication management, if appropriate.
- (8) Reducing physical risks.
- (9) Workplace violence.

**Survey Preparation Questions**

**6. Do personnel receive competency-based training:**

- Upon hire?  Yes  No
- At least annually?  Yes  No

Describe the competency-based training provided to personnel in the following areas:

- Health and safety practices.

---



---



---

- Identification of unsafe environmental factors.

---



---



---

- Emergency procedures.

---



---



---

- Evacuation procedures, if appropriate.

---

---

---

- Identification of critical incidents.

---

---

---

- Reporting of critical incidents.

---

---

- Medication management, if appropriate.

---

---

---

- Reducing physical risks.

---

---

---

- Workplace violence.

---

---

---

Is competency-based training documented?  Yes  No

Where and how is the training documented?

---

---

Network.B.

- 7. There are written emergency procedures:**
  - a. For:**
    - (1) Fires.
    - (2) Bomb threats.
    - (3) Natural disasters.
    - (4) Utility failures.
    - (5) Medical emergencies.
    - (6) Violent or other threatening situations.
  - b. That satisfy:**
    - (1) The requirements of applicable authorities.
    - (2) Practices appropriate for the locale.
  - c. That address, as follows:**
    - (1) When evacuation is appropriate.
    - (2) Complete evacuation from the physical facility.
    - (3) When sheltering in place is appropriate.
    - (4) The safety of all persons involved.
    - (5) Accounting for all persons involved.
    - (6) Temporary shelter, when applicable.
    - (7) Identification of essential services.
    - (8) Continuation of essential services.
    - (9) Emergency phone numbers.
    - (10) Notification of the appropriate emergency authorities.

**Intent Statements**

Established emergency procedures that detail appropriate actions to be taken promote safety in all types of emergencies.

Being prepared and knowing what to do help the persons served and personnel to respond in all emergency situations, especially those requiring evacuation. The evacuation process guides personnel to assess the situation, to take appropriate planned actions, and to lay the foundation for continuation of essential services.

**Survey Preparation Questions**

7. Describe your emergency procedures in the following areas:

- Fire.

---



---



---

- Bomb threats.

---



---



---

- Natural disasters.

---

---

---

- Utility failures.

---

---

---

- Medical emergencies.

---

---

---

- Violent or other threatening situations.

---

---

---

Describe how these procedures meet the requirements of applicable authorities.

---

---

---

How do you ensure that they are appropriate to your area?

---

---

---

How do your evacuation procedures address:

- When evacuation is appropriate?

---

---

---

- Complete evacuation from your physical facility?

---

---

---

- When sheltering in place is appropriate?

---

---

---

- Safety of all persons involved?

---

---

---

- Accounting for all persons involved?

---

---

---

- Temporary shelter, when applicable?

---

---

---

- Identification of essential services?

---

---

---

- Continuation of essential services?

---

---

---

- Emergency phone numbers?

---

---

- Notification of the appropriate emergency authorities?

---

---

---

Network.B.

**8. Unannounced tests of all emergency procedures:**

- a. **Are conducted at least annually:**
  - (1) **On each shift.**
  - (2) **At each location.**
- b. **Include complete actual or simulated physical evacuation drills.**
- c. **Are analyzed for performance that addresses:**
  - (1) **Areas needing improvement.**
  - (2) **Actions to be taken.**
  - (3) **Results of performance improvement plans.**
  - (4) **Necessary education and training of personnel.**
- d. **Are evidenced in writing, including the analysis.**

**NOTE:** *This standard does not apply to services provided in private homes or private apartments.*

**Intent Statements**

Practicing emergency procedures helps the persons served and personnel to better respond in actual emergency situations. Simulated evacuations should be limited to situations where actual evacuations are not possible. Emergency procedure testing is part of a participating provider’s performance improvement activities. Analysis of results of the tests may indicate ways to improve performance.



**Survey Preparation Questions**

8. Describe how you test your emergency procedures, including:

- Methods used.

---



---



---

- How often.

---



---

Are these tests conducted:

- On each shift?  Yes  No
- At each location?  Yes  No

Do the tests include complete actual or simulated physical evacuation drills?  Yes  No

Explain how information gathered from tests of the emergency procedures is analyzed.

---



---



---



---

Does the analysis address:

- Areas needing improvement?  Yes  No
- Actions to be taken?  Yes  No
- Results of performance improvement plans?  Yes  No
- Necessary education and training of personnel?  Yes  No

How has the analysis either resulted in improvements or verified existing practice?

---



---



---



---

Are the tests of the emergency procedures and the analysis documented?

Yes

No

---

Network.B.

- 9. The participating provider has evacuation routes that are:**
- a. Accessible.**
  - b. Understandable to:**
    - (1) Persons served.**
    - (2) Personnel.**
    - (3) Other stakeholders, including visitors.**

**Survey Preparation Questions**

9. Describe how you ensure that evacuation routes are accessible.

---

---

---

How did you ensure that evacuation routes are understandable to:

- Persons served?

---

---

---

- Personnel?

---

---

- Other stakeholders, including visitors?

---

---

---

Network.B.

- 10. There is immediate access to:**
- a. First aid expertise.**
  - b. First aid equipment.**
  - c. First aid supplies.**
  - d. Relevant emergency information on the:**
    - (1) Persons served.**
    - (2) Personnel.**

**Intent Statements**

It is important to provide a safe setting for the persons served and personnel. The adequacy of first aid expertise reflects the needs of the population served as well as the service setting. Necessary emergency resources, including people trained to respond and the location of first aid equipment and supplies, are known and quickly available during program hours. First aid supplies are regularly checked through a systematic process and replenished and replaced as needed.

**8.d.** The organization has a mechanism in place to ensure that emergency information is kept current on persons served and personnel.

**Survey Preparation Questions**

**10.** Describe how your organization has immediate access to:

- First aid expertise.

---



---

- First aid equipment.

---



---

- First aid supplies.

---



---

- Relevant emergency information on:

- Persons served.

---



---

- Personnel.

---



---

Network.B.

**11.** The participating provider has written procedures regarding critical incidents that include:

- a. Prevention.
- b. Reporting.
- c. Documentation.
- d. Remedial action.

- e. **Timely debriefings conducted following critical incidents.**
- f. **The following critical incidents, if applicable:**
  - (1) **Medication errors.**
  - (2) **Use of seclusion.**
  - (3) **Use of restraint.**
  - (4) **Incidents involving injury.**
  - (5) **Communicable disease.**
  - (6) **Infection control.**
  - (7) **Aggression or violence.**
  - (8) **Use and unauthorized possession of weapons.**
  - (9) **Wandering.**
  - (10) **Elopement.**
  - (11) **Vehicular accidents.**
  - (12) **Biohazardous accidents.**
  - (13) **Unauthorized use and possession of legal or illegal substances.**
  - (14) **Abuse.**
  - (15) **Neglect.**
  - (16) **Suicide and attempted suicide.**
  - (17) **Sexual assault.**
  - (18) **Other sentinel events.**

**Intent Statements**

Although a participating provider is expected to have procedures that include all of the types of critical incidents listed in this standard that are applicable to its operations, it would be possible for a procedure to adequately address more than one type of critical incident. An organization is not required to have a separate procedure for each type of incident as long as all critical incidents are appropriately considered.

**Survey Preparation Questions**

11. How do you address prevention of critical incidents?

---

---

---

---

How are critical incidents reported?

---

---

---

How are critical incidents documented?

---

---

---

When necessary, how is remedial action identified?

---

---

---

How do you ensure that such actions are completed?

---

---

---

Describe your process for conducting timely debriefings following critical incidents.

---

---

---

Describe your system to report critical incidents, including:

- Medication errors.

---

---

- Use of seclusion or restraint.

---

---

- Incidents involving injury.

---

---

- Communicable diseases.

---

---

- Infection control.

---

---

- Aggression or violence.

---

---

- Use and unauthorized possession of weapons.

---

---

- Wandering and elopement.

---

---

- Vehicular accidents.

---

---

- Biohazardous accidents.

---

---

- Unauthorized use and possession of legal or illegal substances.

---

---

- Abuse.

---

---

- Neglect.

---

---

- Suicide and attempted suicide.

---

---

- Sexual assault.

---

---

- Other sentinel events.

---

---

---

Network.B.

- 12. A written analysis of all critical incidents is provided to or conducted by leadership:**
  - a. At least annually.**
  - b. That addresses:**
    - (1) Causes.**
    - (2) Trends.**
    - (3) Actions for improvement.**
    - (4) Results of performance improvement plans.**
    - (5) Necessary education and training of personnel.**
    - (6) Prevention of recurrence.**
    - (7) Internal reporting requirements.**
    - (8) External reporting requirements.**

**Intent Statements**

An integrated approach to the management of critical incidents is essential to effective risk management.

**Survey Preparation Questions**

**12.** Describe the analysis of all critical incidents provided to or conducted by leadership.

---

---

---

---

Is this written analysis completed at least annually?

Yes

No

Describe how it addresses:

■ Causes.

---

---

■ Trends.

---

---

■ Actions for improvement.

---

---

■ Results of performance improvement plans.

---

---

■ Education and training of personnel.

---

---

■ Prevention of recurrence.

---

---



- Internal reporting requirements.

---



---

- External reporting requirements.

---



---


Network.B.

**13. The participating provider implements procedures:**

- a. For:
  - (1) Infection prevention.
  - (2) Infection control.
- b. That include:
  - (1) Training regarding:
    - (a) Infections.
    - (b) Communicable diseases.
  - (2) Appropriate use of standard or universal precautions.
  - (3) Guidelines for addressing these procedures with:
    - (a) Persons served.
    - (b) Personnel.
    - (c) Other stakeholders.

**Intent Statements**

The persons served, personnel, and other stakeholders should be provided with training based on individual needs. Each participating provider is encouraged to check legal and regulatory requirements regarding the use of standard or universal precautions in the programs provided and with the populations served.

 **13.b.(2)** In Canada this may be referred to as *routine practices*.

**Survey Preparation Questions**

13. Describe your procedures for:

- Infection prevention.

---



---



---



---

- Infection control.

---

---

---

---

Describe the training provided regarding infections and communicable diseases.

---

---

---

---

Describe your procedures for appropriate use of standard or universal precautions.

---

---

---

Describe your guidelines for addressing these procedures with:

- Persons served.

---

---

---

- Personnel.

---

---

---

- Other stakeholders, if appropriate.

---

---

---

Network.B.

- 14. If transportation is provided for persons served, there is evidence of:**
- a. Appropriate licensing of all drivers.
  - b. Regular review of driving records of all drivers.
  - c. Insurance covering:
    - (1) Vehicles.
    - (2) Passengers.
  - d. Safety features in vehicles.
  - e. Safety equipment.
  - f. Accessibility.
  - g. Training of drivers regarding:
    - (1) The organization’s transportation procedures.
    - (2) The unique needs of the persons served.
  - h. Written emergency procedures available in the vehicle(s).
  - i. Communication devices available in the vehicle(s).
  - j. First aid supplies available in the vehicle(s).
  - k. Maintenance of vehicles owned or operated by the organization according to manufacturers’ recommendations.
  - l. If services are contracted, a review of the contract at least annually against elements a. through k. of this standard.

**NOTE:** *This standard applies only to organizations that provide transportation to persons served, and it does not apply to vehicles that are used only for transporting materials.*

**Intent Statements**

Transportation for the persons served is provided in a safe manner consistent with the regulations of the local authorities. This standard will apply when any vehicle, including a personal vehicle, is used to provide transportation for persons served.

**Survey Preparation Questions**

- 14.** If you provide transportation services for persons served, describe where and how you maintain evidence of:

- Appropriate licensing of all drivers.

---



---

- Review of driving records.

---



---

- Insurance for vehicles and passengers.

---



---

- Safety features in vehicles.

---

---

- Safety equipment.

---

---

- Accessibility.

---

---

- Training of drivers in your organization's transportation procedures.

---

---

- Training of drivers on the unique needs of the persons served.

---

---

- Written emergency procedures available in the vehicle(s).

---

---

- Communication devices available in the vehicle(s).

---

---

- First aid supplies available in the vehicle(s).

---

---

- Maintenance of vehicles owned or operated by the organization according to manufacturers' recommendations.

---



---

- If you contract transportation services, is there a review of contracts at least annually with respect to inclusion of all the above elements?  Yes  No

Network.B.

**15. Comprehensive health and safety inspections:**

**a. Are conducted:**

- (1) At least annually.
- (2) By a qualified external authority.

**b. Result in a written report that identifies:**

- (1) The areas inspected.
- (2) Recommendations for areas needing improvement.
- (3) Actions taken to respond to the recommendations.

**Intent Statements**

External inspections are completed at least annually to enhance and maintain the participating provider's health and safety practices. External inspections must include all facilities regularly utilized by the participating provider.

**Survey Preparation Questions**

15. Are comprehensive health and safety inspections conducted at least annually?

- Yes  No

Does this inspection result in a written report?

- Yes  No

Describe the process for annual external health and safety inspections of your facilities, including:

- What areas are covered.

---



---



---



---

- How you determined what areas to include to ensure a comprehensive inspection.

---

---

---

---

- Who conducts the inspection.

---

---

- How the inspector is external to your organization and what the inspector's qualifications are.

---

---

---

In the written report of external inspections, are the following addressed:

- Areas covered?  Yes  No
- Recommendations for improvement?  Yes  No
- Action plans for improvement?  Yes  No
- Results of the actions taken?  Yes  No

---

Network.B.

**16. Comprehensive health and safety self-inspections:**

- a. Are conducted at least semiannually on each shift.
- b. Result in a written report that identifies:
  - (1) The areas inspected.
  - (2) Recommendations for areas needing improvement.
  - (3) Actions taken to respond to the recommendations.

**Intent Statements**

Regular self-inspections help personnel to internalize current health and safety requirements into everyday practices. Self-inspections must include all facilities regularly utilized by the participating provider.

**Survey Preparation Questions**

**16.** Describe the process for self-inspections of your facilities, including how often they are done.

---



---



---



---

Are self-inspections conducted at least semiannually or on each shift?  Yes  No

In the written report of self-inspections, are the following addressed:

- Areas covered?  Yes  No
- Recommendations for improvement?  Yes  No
- Action plans for improvement?  Yes  No
- Results of the actions taken?  Yes  No

Network.B.

**17.** The participating provider implements written procedures that address:

- a. Verification of:
  - (1) Backgrounds of the workforce in the following areas, if required:
    - (a) Criminal checks.
    - (b) Immunizations.
    - (c) Fingerprinting.
    - (d) Drug testing.
    - (e) Vulnerable population checks.
    - (f) Driving records.
  - (2) The credentials of all applicable workforce (including licensure, certification, registration, and education):
    - (a) With primary sources.
    - (b) When applicable, in all states/provinces or other jurisdictions where the workforce will deliver services.
  - (3) Fitness for duty, if required.
- b. Actions to be taken in response to the information received concerning:
  - (1) Background checks.
  - (2) Credentials verification.
  - (3) Fitness for duty.
- c. Timeframes for verification of backgrounds, credentials, and fitness for duty, including:
  - (1) Prior to the delivery of services to the persons served or to the organization.
  - (2) Throughout employment.

**Intent Statements**

The participating provider demonstrates how each of the areas listed is verified. CARF expects that the provider will follow all of the established procedures and timeframes and that it complies with all applicable legal requirements in determining its procedures.

**17.a.(1)** The participating provider is aware of and adheres to any external requirements (e.g., of funders, regulatory entities, contractual agreements, etc.) for background checks of its workforce as well as any requirements it may have established internally.

**17.a.(2)(a)** Primary source verification can occur when credentials are initially earned, at the time of hire, or, for existing members of the workforce, prior to an accreditation survey. Verbal, written, or electronic confirmation of credentials (including degrees) from state/provincial or other jurisdictional boards, schools or institutions, and/or trade associations, or verification through a credentials verification organization, is required. Copies of credentials provided directly by personnel do not meet the primary source verification requirement.

High school diplomas do not need primary source verification, but college degrees, when required for the position, would need to be verified with primary sources. When a licensing authority requires and verifies the education required for the license, evidence of licensing from the licensing authority as the primary source will also serve as evidence that the education has been verified.

**17.a.(2)(b)** If services are delivered in more than one state/province or jurisdiction, the organization is knowledgeable about reciprocity of credentials such as licensure, certification, or registration and how this would impact in-person service delivery or service delivery via information and communication technologies.

**17.a.(3)** A fitness-for-duty exam is a medical examination used to determine whether a worker is physically or psychologically able to perform the essential functions of the job.

**17.b.** The participating provider has procedures in place in the event that backgrounds, credentials, or fitness for duty cannot be verified.

**17.c.** Timeframes are established by external authorities or, in their absence, by the participating provider.

**Survey Preparation Questions**

17. Do you have written procedures that address:

■ Verification of:

- Backgrounds of the workforce in the following areas, if required:

- Criminal checks?  Yes  No
- Immunizations?  Yes  No
- Fingerprinting?  Yes  No
- Drug testing?  Yes  No
- Vulnerable population checks?  Yes  No
- Driving records?  Yes  No



- The credentials of all applicable workforce (including licensure, certification, registration, and education):
  - With primary sources?  Yes  No
  - When applicable, in all states/ provinces or other jurisdictions where the workforce will deliver services?  Yes  No
  - Fitness for duty, if required?  Yes  No
- Actions to be taken in response to the information received concerning:
  - Background checks?  Yes  No
  - Credentials verification?  Yes  No
  - Fitness for duty?  Yes  No
- Timeframes for verification of backgrounds, credentials, and fitness for duty, including:
  - Prior to the delivery of services to the persons served or to the organization?  Yes  No
  - Throughout employment?  Yes  No

Where are these procedures documented?

---



---

How do you ensure that the written procedures are consistently implemented?

---



---



---

Network.B.

**18. Onboarding and engagement activities include:**

- a. Orientation.
- b. On-the-job training.
- c. Position roles and responsibilities.
- d. Position performance expectations.
- e. Communication systems and expectations.
- f. Documented training that addresses the identified competencies needed by personnel.

**Survey Preparation Questions**

**18.** Explain how your organization provides onboarding and engagement activities for personnel that include:

- Orientation.

---

---

---

- On-the-job training.

---

---

---

- Position roles and responsibilities.

---

---

---

- Position performance expectations.

---

---

---

- Documented training that addresses the identified competencies needed by personnel.

---

---

---

Where and how is the training documented?

---

---

Network.B.

- 19. Performance management includes:**
- a. Written job descriptions that are reviewed and updated in accordance with organizational needs and/or the requirements of external entities.
  - b. Performance appraisals for all personnel directly employed by the participating provider.
  - c. Reviews of all contract personnel utilized by the participating provider.

**Survey Preparation Questions**

19. Describe how you address reviewing job descriptions and keeping them updated.

---

---

---

What is the process used for performance appraisals?

---

---

---

Describe how you address reviews of contract personnel.

---

---

---

---

Network.B.

- 20. As applicable, the participating provider demonstrates a process to address the provision of services by the workforce consistent with relevant:**
- a. Regulatory requirements.
  - b. Licensure requirements.
  - c. Registration requirements.
  - d. Certification requirements.
  - e. Professional degrees.
  - f. Training to maintain established competency levels.
  - g. On-the-job training requirements.

**Intent Statements**

The participating provider is knowledgeable about and ensures that services are provided in accordance with external and internal requirements and education relevant to its workforce.

**Survey Preparation Questions**

**20.** Describe your process for ensuring that personnel provide services consistent with:

- Regulatory requirements.

---

---

---

- Licensure requirements.

---

---

---

- Registration requirements.

---

---

---

- Certification requirements.

---

---

---

- Professional degrees.

---

---

---

- Training to maintain established competency levels.

---

---

---

- On-the-job training requirements.

---



---



---

Network.B.

- 21. The participating provider implements policies promoting the following rights of the persons served:**
- a. Confidentiality of information.
  - b. Privacy.
  - c. Freedom from:
    - (1) Abuse.
    - (2) Financial or other exploitation.
    - (3) Retaliation.
    - (4) Humiliation.
    - (5) Neglect.
  - d. Access to:
    - (1) Information pertinent to the person served in sufficient time to facilitate his or her decision making.
    - (2) Their own records.
  - e. Informed consent or refusal or expression of choice regarding:
    - (1) Service delivery.
    - (2) Release of information.
    - (3) Concurrent services.
    - (4) Composition of the service delivery team.
    - (5) Involvement in research projects, if applicable.
  - f. Access or referral to:
    - (1) Legal entities for appropriate representation.
    - (2) Self-help support services.
    - (3) Advocacy support services.
  - g. Adherence to research guidelines and ethics when persons served are involved, if applicable.
  - h. Investigation and resolution of alleged infringement of rights.
  - i. Other legal rights.

#### Intent Statements

To demonstrate relevant service delivery and appropriate ongoing communication with the persons served, the participating provider implements a system of rights that nurtures and protects the dignity and respect of the persons served. All information is transmitted in a manner that is clear and understandable.

**Survey Preparation Questions**

**21.** Explain your policies on the rights of persons served in the following areas:

- Confidentiality of information.

---

---

---

- Privacy.

---

---

---

- Freedom from:

- Abuse.

---

---

---

- Financial or other exploitation.

---

---

---

- Retaliation.

---

---

---

- Humiliation.

---

---

---

- Neglect.

---

---

---

Explain how the persons served have access to information in sufficient time to make decisions.

---

---

---

---

How do the persons served gain access to their records?

---

---

---

How are they informed of this process?

---

---

---

Explain your process of informed consent, informed refusal, and/or expression of choice in:

- Service delivery.

---

---

---

---

- Release of information.

---

---

---

- Concurrent services.

---

---

---

- Composition of service delivery team.

---

---

---

- Involvement in research projects, if applicable.

---

---

---

Explain how persons served have access or referral to:

- Legal entities for representation.

---

---

- Self-help support services.

---

---

- Advocacy support services.

---

---

If you have research projects in which persons served are involved, describe the research guidelines and ethics practiced.

---

---

---

---



How does your organization deal with allegations of infringements of a person's rights?

---

---

---

---

How does your organization identify and ensure other legal rights of the persons served?

---

---

---

---

Network.B.

**22. The rights of the persons served are:**

**a. Communicated to the persons served:**

- (1) In a way that is understandable.
- (2) Prior to the beginning of service delivery or at initiation of service delivery.
- (3) At least annually for persons served in a program for longer than one year.

**b. Available at all times for:**

- (1) Review.
- (2) Clarification.

**Intent Statements**

To ensure that the persons served have a clear understanding of their rights, the participating provider communicates and shares these rights in a manner that is understandable to the persons served.

**Survey Preparation Questions**

- 22. Explain how rights are communicated in a way that is understandable, available at all times, and shared with persons served prior to or at the start of service delivery.

---

---

---

If persons are served longer than one year, how do you ensure that a review of rights is done at least annually?

---

---

---

Network.B.

**23. The participating provider:**

- a. Implements a policy and written procedure by which persons served may formally complain to the provider that specifies:**
  - (1) Its definition of a formal complaint.
  - (2) That the action will not result in retaliation or barriers to services.
  - (3) How efforts will be made to resolve the complaint.
  - (4) Levels of review, which include availability of external review.
  - (5) Timeframes that:
    - (a) Are adequate for prompt consideration.
    - (b) Result in timely decisions for the person served.
  - (6) Procedures for written notification regarding the actions to be taken to address the complaint.
  - (7) The rights of each party.
  - (8) The responsibilities of each party.
  - (9) The availability of advocates or other assistance.
- b. Makes complaint procedures and, if applicable, forms:**
  - (1) Readily available to the persons served.
  - (2) Understandable to the persons served.
- c. Documents formal complaints received.**

**Intent Statements**

The participating provider identifies clear protocols related to formal complaints, including grievances and appeals. The provider may have separate policies and procedures for grievances and appeals, or these may be included in a common policy and procedure covering complaints, grievances, and appeals.

**Survey Preparation Questions**

- 23. Describe your formal complaint policy, including how your organization defines a formal complaint.**

---

---

---

---

Describe how the complaint procedure addresses:

- That any action will not result in retaliation or a barrier to service.

---

---

---

- How the complaint will be resolved.

---

---

---

- Levels of review including the availability of external review.

---

---

- Timeframes that are adequate for prompt consideration and result in timely decisions.

---

---

- Written notification regarding actions to be taken.

---

---

- Rights and responsibilities of each party.

---

---

- Availability of advocates or other assistance.

---

---

- The ease of availability to the person served of complaint procedures and, if applicable, forms.

---

---

How do you know that the information provided is understandable to persons served?

---

---

---

Are all formal complaints documented?  Yes  No

---

Network.B.

**24. The participating provider:**

**a. Assesses the accessibility needs of the:**

- (1) Persons served.
- (2) Personnel.
- (3) Other stakeholders.

**b. Implements an ongoing process for identification of barriers in the following areas:**

- (1) Architecture.
- (2) Environment.
- (3) Attitudes.
- (4) Finances.
- (5) Employment.
- (6) Communication.
- (7) Technology.
- (8) Transportation.
- (9) Community integration, when appropriate.

**(10) Any other barrier identified by the:**

- (a) Persons served.
- (b) Personnel.
- (c) Other stakeholders.

**Intent Statements**

The participating provider has a working knowledge of what should be done to promote accessibility and remove barriers. Participating providers address accessibility issues in order to:

- Enhance the quality of life for the persons served.
- Implement nondiscriminatory employment practices.
- Meet legal and regulatory requirements.
- Meet the expectations of stakeholders in the area of accessibility.

The participating provider should address how input was solicited from the persons served, personnel, and other stakeholders to assist in the identification of barriers, and take into consideration any accessibility needs—physical, cognitive, sensory, emotional, or developmental—that may hinder full and effective participation on an equal basis with others.

**Survey Preparation Questions**

24. How do you assess the accessibility needs of:

- Persons served?

---



---



---

- Personnel?

---



---



---

- Other stakeholders?

---



---



---

List the barriers, if any, you have identified in the following areas:

- Architecture.

---



---

- Environment.

---



---

- Attitudes.

---



---

- Finances.

---

---

- Employment.

---

---

- Communication.

---

---

- Technology.

---

---

- Transportation.

---

---

- Community integration, as appropriate.

---

---

Explain how you received ongoing input from persons served, personnel, and other stakeholders about barriers they have identified.

---

---

---

---

Describe the process you have in place for identifying barriers in the above areas on an ongoing basis.

---

---

---

---

## Appendix A

### Required Written Documentation

The following tables list standards in this document that explicitly require some form of written evidence in order to achieve full conformance.

When interpreting CARF standards, the following terms *always* indicate the need for written evidence: *policy, plan, documented, documentation, and written*. Other terms may also indicate the need for specific written information.

This list is not inclusive of all the documentation that will be reviewed during the survey of your organization.

Standard	Requirements	Location of Documentation
<b>A. Standards for the Network</b>		
A.1.	Documentation of the network's structure	
A.2.a.	Documentation of the listed parameters regarding the network's scope	
A.5.b.	Written procedures for the selection of participating providers	
A.7.a.	Written explanation to prospective provider found ineligible to participate in the network	
A.8.a.	Contract with each participating provider specifying each of the listed elements	
A.9.	Policies and written procedures regarding conflicts of interest	
A.10.	Policies and written procedures for each of the listed elements, when applicable	
A.13.	Policy regarding persons served that addresses each of the listed elements	
A.15.	Written procedures for the coordination of services when a person served receives services from more than one participating provider	



Standard	Requirements	Location of Documentation
<b>B. Standards for Unaccredited Participating Providers</b>		
B.2.	Policies and written procedures on records	
B.3.b.	Written budget and fiscal policies, including internal controls	
B.4.	Written procedures for managing funds of persons served, if applicable	
B.6.	Documentation of competency-based training in health and safety for personnel both upon hire and annually	
B.7.	Written emergency procedures	
B.8.d.	Written evidence of the conduct and analysis of unannounced tests of all emergency procedures	
B.11.	Written procedures regarding critical incidents	
B.12.	Written analysis of critical incidents	
B.14.h.	Written emergency procedures related to transportation services	
B.15.b.	External inspection reports	
B.16.b.	Self-inspection reports	
B.17.	Written procedures related to verification of personnel backgrounds, credentials, and fitness for duty	
B.18.f.	Documented personnel training that addresses the identified competencies needed by personnel	
B.19.a.	Written job descriptions	
B.21.	Policies on the rights of persons served	
B.23.a.	Policy and written procedure by which persons served may make a formal complaint	
B.23.b.	Complaint forms, if applicable	
B.23.c.	Documentation of formal complaints	